

Summer 1988

Beacon Light: Summer 1988

St. Cloud Hospital

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BEACON LIGHT

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Saint Cloud Hospital

Summer 1988 Volume 39 Number 2

One year later: nurse educator back at work after dialysis treatments and kidney transplant

The decision to be the Saint Cloud Hospital's (SCH) first chronic dialysis patient was an easy one for Marcia O'Konek. Waiting for the unit to start up was the hard part!

That is how O'Konek, SCH's operating room educator, expressed her feelings about being the hospital's first chronic dialysis patient. O'Konek has had kidney disease for a number of years and in 1984 her kidneys began to fail at a faster rate.

The kidney's function is to remove impurities from the blood stream. Dialysis is a life-sustaining treatment of blood and is necessary when the kidneys fail. During dialysis, the blood is pumped through the artificial kidney where the impurities are removed. There are two types of dialysis, acute and chronic.

Acute dialysis is done in the intensive care unit (ICU). It is short term therapy for kidney failure of a temporary nature which is usually the result of other medical problems. Chronic dialysis is long term treatment for permanent kidney failure. These patients need dialysis three times a week for the rest of their life or to undergo a kidney transplant.

"I went on a special diet and by maintaining the diet, I prolonged the rapid deteriorating of my kidneys. At that time, starting dialysis would have required travel to Little Falls or Minneapolis which would have meant more time away from work. I am a widow with two children, so it would have also meant more time away from them. I just couldn't have kept up that kind of schedule," O'Konek said.

"I knew they (SCH) were starting to look at a dialysis unit here. I kept checking to see how long it would be," O'Konek added.

At the rapid rate O'Konek's kidneys were failing, she knew she was going to need dialysis soon. Therefore, in February 1987, O'Konek had surgery to create a special access in her arm for the chronic dialysis procedure. This surgery needs to be done six weeks before a person begins dialysis treatments to condition or develop the site for the dialysis needles.

The hospital's chronic dialysis unit was scheduled to open in early April 1987. The target date was looking good for O'Konek, but unfortunately, her kidneys did not follow a calendar. On March 31, O'Konek began to feel nauseated—a symptom of kidney failure.



"I promised Dr. Tom Leither (kidney specialist with St. Cloud Clinic of Internal Medicine) I would contact him the minute these distress symptoms occurred," O'Konek said. "And I always keep my promises."

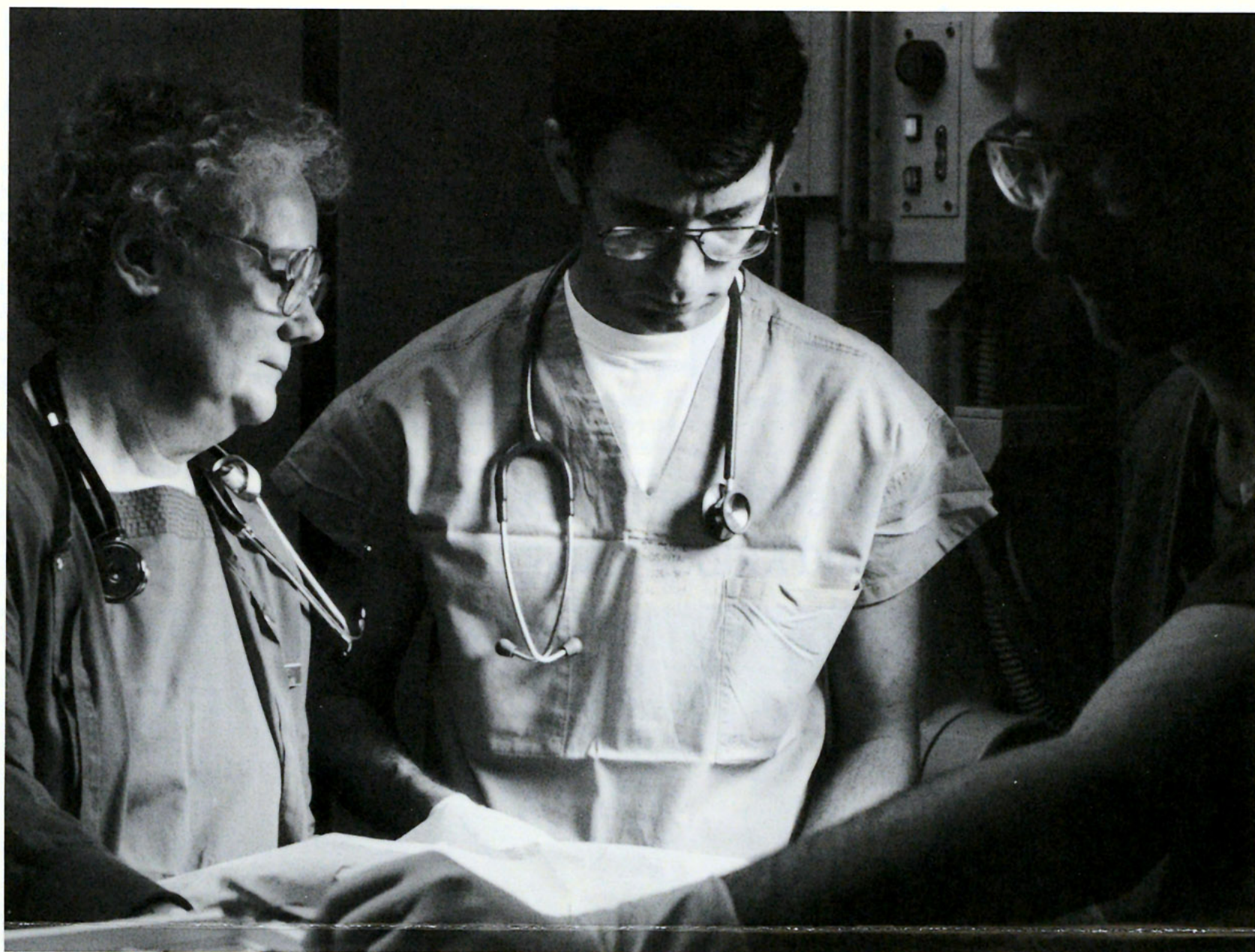
Leither ordered several laboratory tests which confirmed O'Konek's suspicions—it was time for dialysis. She was taken to the SCH's ICU for acute dialysis.

"I was scared. You can be a nurse and have your own specialty, but when you're a patient—you're a patient. I remember looking at the nurse and telling her I've never had this done before. She spent a half hour explaining the machine to me. She showed me all the safety features and the warning signals," O'Konek said. "She explained

So many people have helped me through this ordeal—my neighbors, my co-workers, my family, my supervisor, all the medical personnel. But most important, because of someone's gift to me, I can lead a normal life again.

— Marcia O'Konek

Nurse educator continued on page 11



Making wishes known to family key to becoming organ donor

Let's suppose you are sitting at the courthouse, filling out forms to renew your driver's license. You come to the box that says WOULD YOU LIKE TO BE AN ORGAN DONOR? Yes No. You give it some thought and decide that it would be a humanitarian gesture and check the yes box.

Perhaps that is the last time you think about your decision. While your intentions are honorable, if you never tell anyone that you have decided to become an organ donor, chances are your family would not fulfill your wishes.

"The driver's license is only an indicator to your family that you have considered being a donor. But, they are not obligated to fulfill those wishes," said Donna Kamps, assistant manager of the intensive care unit at Saint Cloud Hospital (SCH).

A person who does indeed want to be a donor must convey their wishes to their next of kin. "By discussing organ donation in advance, the family is fulfilling the request of the person. They are not making decisions for that person," Kamps added.

When considering whether or not to become a donor, a wise decision is based on a combination of discussions and education. Talking it over with your family and consulting your clergy can be very helpful. Each religious sect has its own criteria and the clergy are usually informed with respect to procedures and protocol. They can be very supportive and help families make informed decisions.

"A comfortable decision is based on helping people to understand what actually happens to the organ donor," Kamps said. "People need to know that the body is treated with respect, funerals are not delayed and they can have an open casket," she added.

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— Donna Kamps

Since October 1987, all hospitals in Minnesota are required by law to approach the next of kin when a possible organ donor situation occurs.

The organ donor program in Minnesota is operated through American Red Cross. They are part of a nationwide computerized network called United Network of Organ Sharing (UNOS) located in Richmond, VA.

"When we receive word of an organ donor, we try to keep the whole procedure as local as possible. For one thing, time is extremely critical," said Barb Butzke, organ donor coordinator at American

Red Cross. "My first obligation is to people within Minnesota who are on the transplant recipient list. If there is not a match there, we look to Region 7 which includes Wisconsin, Illinois, North Dakota and South Dakota. If we have not found a suitable recipient from this group, we contact the national office," she added.

Criteria for determining who the transplant recipient will be is based on tissue matching and the severity of the patient waiting for a transplant. It is illegal in the United States to sell organs thereby making it as fair as possible for everyone.

The Red Cross acts as the liaison between the transplant recipient and the organ donor's family to maintain confidentiality. Although, the donor family will receive an acknowledgement letter from the Red Cross thanking them for their generosity and in general terms, tell them how the transplant recipient is faring.

"People must remember, there is no pressure to be a donor. If you are uncomfortable with the decision—don't do it," Kamps said. "Remember, it is solely a gift. But through open discussion and education, a person can make their wishes known to their family."

For someone on the transplant waiting list, these wishes could mean the gift of a longer life.

— Sandy Cordie

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Urologic Stone Unit to lease a mobile ESWL unit one day per month. Based at Metropolitan Medical Center/Hennepin County Medical Center, the \$3 million unit is one of only three mobile machines in the United States and travels to other sites in Minnesota, North Dakota, South Dakota, Iowa, Michigan and Wisconsin.

"The unit will be stationed on our MRI (magnetic resonance imaging) pad. We'll be able to perform this procedure on up to seven kidney stones per day. The number of patients will vary because some people may have stones in both kidneys," said Niels Nielsen, vice president of patient care support services. "We're excited to be bringing this to the residents of Central Minnesota. We feel it will be much more convenient."

It is estimated that currently five million Americans are afflicted with kidney stones and 500,000 of those stones are large enough to require surgery. "Eighty percent of those needing surgery

the ESWL works well. "It's a high tech, valuable tool, and when used carefully, the success rate is very high," Matsuura added.

During the lithotripsy procedure, the patient is

Once the patient is in position, shock waves are aimed at the kidney stone and it is bombarded with 500 to 2,500 separate shock waves which are administered between heartbeats. These waves are strong enough to crumble most stones into tiny particles.

— Dr. John Maatsura

The lithotripter rolls into new stone treatment

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given a general anesthetic, secured in a special cradle-like chair and lowered into a stainless steel tub. The position of the kidney stone is revealed by X-ray tubes mounted on either side of the tub. "Once the patient is in position, shock waves are aimed at the kidney stone and it is bombarded with 500 to 2,500 separate shock waves which are administered between heartbeats. These waves are strong enough to crumble most stones into tiny particles," Matsuura explained.

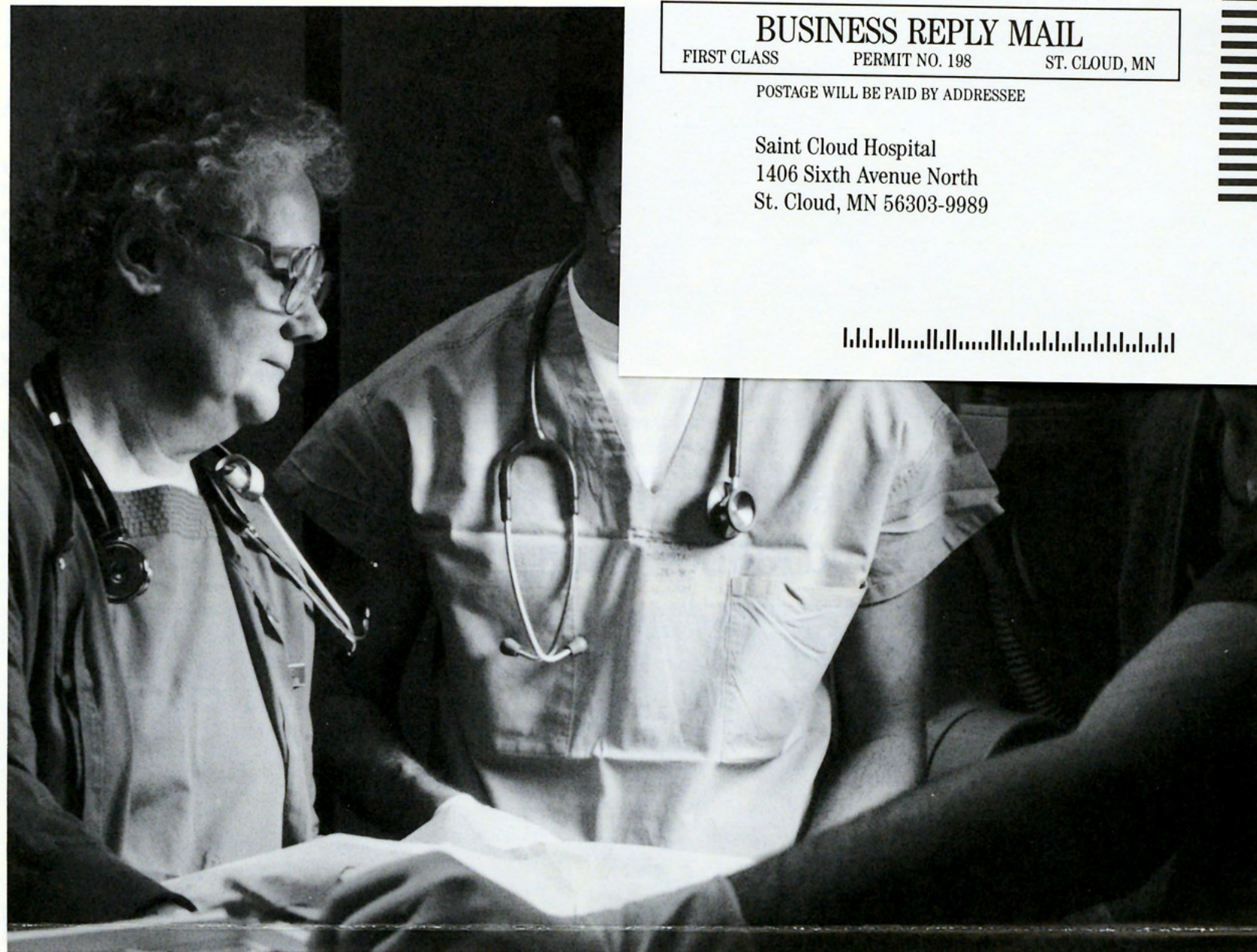
The staff involved in the procedure include a urologist certified to perform the procedure, an anesthesiologist, a certified registered nurse anesthetist, and two technicians who accompany the mobile unit from location to location.

"Using the ESWL is definitely more comfortable for the patients. They are asleep during the procedure so they don't experience pain and there's usually little discomfort when they pass the stone fragments," said Ehlen, a member of SCH's medical staff with Urology Associates of St. Cloud, PA.

Not every person with kidney stones can receive this form of treatment. "People who are shorter than five feet or weigh more than 300 pounds, and those whose kidney stones are located in the urinary tract below the level of the pelvic bones are not good candidates," Matsuura commented.

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— Sandy Cordie

Mobile extracorporeal shock wave lithotripter rolls into St. Cloud; offers new form of kidney stone treatment

Ghostbusters, dustbusters, fuzzbusters, stonebusters... stonebusters? Yes, you read it right.

What is a stonebuster, you ask? Local urologist Dr. Charles Ehlen describes it as a tiny jackhammer that uses shock waves to hammer away at kidney stones. Officially, it's an extracorporeal shock wave lithotripter (ESWL) and Saint Cloud Hospital (SCH) began using it in March.

Saint Cloud Hospital contracted with Midwest Urologic Stone Unit to lease a mobile ESWL unit one day per month. Based at Metropolitan Medical Center/Hennepin County Medical Center, the \$3 million unit is one of only three mobile machines in the United States and travels to other sites in Minnesota, North Dakota, South Dakota, Iowa, Michigan and Wisconsin.

"The unit will be stationed on our MRI (magnetic resonance imaging) pad. We'll be able to perform this procedure on up to seven kidney stones per day. The number of patients will vary because some people may have stones in both kidneys," said Niels Nielsen, vice president of patient care support services. "We're excited to be bringing this to the residents of Central Minnesota. We feel it will be much more convenient."

It is estimated that currently five million Americans are afflicted with kidney stones and 500,000 of those stones are large enough to require surgery. "Eighty percent of those needing surgery

will be able to choose the option of ESWL," said Dr. John Matsuura, a urologist on SCH's medical staff with Adult and Pediatric Urology. "The remaining 20 percent include those kidney stones which are too large or those in which the fragments won't pass because of the configuration of the kidney. And five percent of stones are too hard to break with this method."

Matsuura treated all the patients who had the procedure done during March and April and feels the ESWL works well. "It's a high tech, valuable tool, and when used carefully, the success rate is very high," Matsuura added.

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Once the patient is in position, shock waves are aimed at the kidney stone and it is bombarded with 500 to 2,500 separate shock waves which are administered between heartbeats. These waves are strong enough to crumble most stones into tiny particles.

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Not every person with kidney stones can receive this form of treatment. "People who are shorter than five feet or weigh more than 300 pounds, and those whose kidney stones are located in the urinary tract below the level of the pelvic bones are not good candidates," Matsuura commented.

ESWL continued on page 7





New program speeds injured employees' return to work

Health Systems Institute (HSI), a division of Saint Cloud Hospital, has developed a new program called the Injured Workers' Case Management Program. It promotes injured employees' return to work and keeps them feeling like a part of the team during their absence.

"Our main emphasis is on being in touch with the injured worker as soon as possible after the injury. Generally speaking, once an employee has been away from work for two weeks, they lose touch with the work environment and are no longer physically and mentally accustomed to the daily work routine. Our program helps keep the injured worker in touch—keeps them thinking in terms of returning to work," said Daryl Stevens, HSI's injured worker case manager.

"An employee's timely return to work substantially minimizes worker's compensation costs," he continued. "The studies I've read indicate that anywhere from 5 to 10 percent of people injured on the job make up 80 to 90 percent of worker's compensation costs. So basically, a very small number of people take up the majority of payments."

As the injured worker's case manager, Stevens

Our program helps keep the injured worker in touch—keeps them thinking in terms of returning to work.

— Daryl Stevens

acts as a liaison between the injured worker and those involved in the rehabilitation process. He also keeps records and reports back to the companies on the worker's progress.

"The most important aspect of my job is to keep the lines of communication open. If that means bringing a worker back for a cup of coffee so they can see friends, I'll do it. The point is to keep the worker in contact with the employer," Stevens said.

Most workers who are injured on the job respond quickly to treatment and are eager to get back to work. Those who have chronic pain can be referred to the appropriate rehabilitation specialist to be taught strategies to minimize and/or cope

with their discomfort. The Injured Workers' Case Management Program also provides assistance to companies including job modification and injury prevention.

The people Stevens is primarily concerned with are those whose pain and discomfort tends to persist longer than necessary for their particular injury, have a history of being accident prone and/or are often absent from work. These people generally fall into high risk categories, which include depression, chemical dependency, family problems and poor self-concept. Problems like these are often masked by denial.

"That's why ideally, I would like to be in touch with injured workers as soon as possible," Stevens said. "Through assessment, I can determine what these people's needs are, and whether or not they fall into a high risk category. If they do, we can provide the extra help and counseling needed to prevent any underlying problems from hampering their work status. This way, an injured person can remain employed and a company can keep a valued worker."

— Anna Blonigen

Rehabilitation treatments include expertise of physiatrists

"Rehabilitation requires a multidisciplinary approach," according to Dr. Rosalinda Icasas. "You have to look at the patient as a whole, at the physical and the psychosocial aspects. Each person may deal with a part, but as a team, we deal with the whole patient."

In March, Icasas became the resident physiatrist in Saint Cloud Hospital's rehabilitation department. As such, it's her responsibility to coordinate the efforts of individual therapists to ensure that patients undergoing rehabilitation complete treatment successfully. She completes the initial assessment of a patient in rehabilitation, monitors, guides and assists in treatment, and eventually completes the discharge summary.

The patients Icasas sees tend to be those with severe head or spinal cord injuries, and those with pain, neurologic, muscular or skeletal problems. They are people who have had hip replacements, who have suffered severe injuries in automobile accidents, and those whose muscles have been wasted by inactivity. They are people not functioning at their potential, who need rehabilitation help to get them there. "Rehab is one of the later specialties that has evolved in medicine," Icasas said. "It overlaps in a lot of areas, such as neurology and orthopedics. Its coverage is very broad."

Icasas became a physiatrist almost by accident. A friend in medical school suggested that she consider physiatry because it was a developing specialty, and one which might prove particularly convenient for a young woman who planned to

have a family some day. The advice proved to be good, not only because the field has grown and because Icasas is indeed able to work normal office hours as her two boys grow, but also because Icasas enjoys her work and the collaborative effort it requires.

Rehabilitation calls on the skills of physical therapists, occupational therapists, speech pathologists, recreation therapists, clinical psychologists, rehabilitation nurses, social workers, and other specialists for patient treatment and assessment. Each week, staff meet to discuss each patient and provide long and short term goals for progress. The weekly staffing helps give all those working with a patient a more complete idea of progress than they might otherwise see. "Some patients may be capable of a degree of independence, but prefer to rely on nursing staff for help if they can get away with it," Icasas explained.

Icasas, who is originally from the Philippines, completed her residency in New York in 1983. She moved to St. Cloud in 1984. "I think it was love at first sight for my husband when he saw St. Cloud," she said. The East Coast's high crime rate was disturbing ("You could never leave your window open at night") so the St. Cloud area's social values and family atmosphere was attractive to them.

Before joining SCH in March of this year, Icasas worked at the St. Cloud Veterans Administration Medical Center. "The private sector is a lot different from the VA system," she said. "There, we

didn't concern ourselves too much with eligibility for treatment. Here, authorization for rehabilitation is a factor." Insurance companies set criteria for rehabilitation eligibility, and Icasas has to maintain an awareness of that as she monitors patients' progress. Many of her patients are elderly, so she usually follows Medicare criteria. Unfortunately, she said, Medicare does not address some of the issues she sees in her patients. "For example, the elderly person who has fractured a hip and has difficulty in the home isn't covered for inpatient rehabilitation in that situation under Medicare. Medicare sees it as an outpatient problem. So far as I know, this is a problem particular to Minnesota."

Saint Cloud Hospital has a second physiatrist, Dr. Mark Moret. Moret is a pediatric physiatrist, and has been coming to SCH as a consulting physician from the University of Minnesota since 1984.

Like Icasas, Moret works closely with the hospital's therapists. Together they form teams which provide rehabilitation assistance for young patients not functioning at their potential. Bring-

Physiatrists continued on page 11

Physiatrist Mark Moret has been working with Saint Cloud Hospital's pediatric rehabilitation patients for the past 5½ years. Dr. Rosalinda Icasas joined SCH's rehab team in March as its resident physiatrist.



Nutritious Cuisine eases meal preparation for recovering patients

How's this for a marketing concept: a packaged, delicious, balanced meal that requires a minimum of preparation and delivers a maximum of nutrition? Perhaps you've seen products like that in advertisements. If so, maybe you found that the reality didn't match the promise.

Since April 15, Saint Cloud Hospital has been offering frozen meals that do match the promise. Low in sodium, fat, calories and cholesterol, they are planned by registered dietitians, sell under the name Nutritious Cuisine, and are available in the hospital's coffee shop through the nutrition services department.

The primary reason for making Nutritious Cuisine available is to help discharged patients with their recovery, according to Kris Peterson, nutrition services manager. "I think everyone knows the role nutrition plays in recovery," Peterson said, "and Nutritious Cuisine is going to enhance that recovery. That's an essential part of medical care. It's a need, and I think it's an appropriate function for the hospital."

It's expected that patients will purchase and take home a quantity of the frozen meals when they complete inpatient care. Peterson foresees the service being used particularly by the elderly, but also by other patients, such as those who may have difficulty preparing meals. They may also prove useful as time and energy savers to parents taking home their new babies.

Another market for the meals is those clients already receiving midday meals through the Home Delivered Meals program, Peterson said. Home delivered meals are received by about 90 people daily. Nutritious Cuisine can supplement that service, providing evening and weekend meals for people who might otherwise eat canned soups or other processed foods high in sodium.

The low sodium content was one characteristic



If you're weak, it's hard to rummage around in the refrigerator to prepare something ... It (Nutritious Cuisine) just helped me for that period of time when I needed it.

— David Halstrom

of the meals noticed by a hospital staff tasting panel, Peterson said. People accustomed to using a lot of salt found the food a little bland. To compensate for that, a seasoning guide accompanies the meals, providing advice on how to spice up the dishes.

The first purchase of meals was by Joyce Halstrom, a hospice social worker. She bought them for her husband, David, who was recovering

from coronary bypass surgery. "The nice part about it is that there is a prepared meal," he said. "If you're weak, it's hard to rummage around in the refrigerator to prepare something." In addition to praising the ease with which the meals could be cooked, Halstrom complimented the food itself, giving the desserts particularly high marks. "It just helped me for that period of time when I needed it," he said.

Nutritious Cuisine is sold in four different menu cartons. Each menu carton costs \$20 and has six individually packaged meals. Each meal has a balanced entree with protein dish, vegetable and starch, soup, and a dessert. Traditional family favorites are represented, like meatloaf and tuna noodle casserole, and so are some more unusual items, including cod almonidine with wild rice and Italian meatballs with rotini. Their cost is reasonable, and compares favorably with super-market frozen dinners at the low price end of the market. Nutritious Cuisine meals provide better value, however, because they are nutritionally sound, and offer generous portions. Previous users have been known to divide them in half, and use them for two meals, Peterson said.

Nutritious Cuisine is not an experiment. It's a product which was developed and has been used successfully by United Hospital in St. Paul, and Metropolitan Medical Center in Minneapolis. The meals are produced by Tony Downs Foods of St. James, Minnesota.

— John L. Pepper

Hospice social worker Joyce Halstrom was the first person to purchase Nutritious Cuisine meals. Her husband, David was at home recovering from coronary bypass surgery.



Local media supports Saint Cloud Hospital's PHP decision

Editor's Note: Many people in our regional community have been following the Saint Cloud Hospital/Physician's Health Plan contract negotiation and mediation with interest. The following are editorials that were aired Friday, May 13 on WJON/WWJO Radio and printed the same day in the St. Cloud Daily Times.

WJON/WWJO editorial Saint Cloud Hospital and PHP

We think the Saint Cloud Hospital made a wise decision when it refused to sign a contractual arrangement with Physician's Health Plan ... or PHP ... of Minnesota.

A mediation session required by a new Minnesota state law ended without agreement. Under the terms of the law, PHP enrollees can still come to Saint Cloud Hospital and will still be covered either by an alternative insurance company or a state approved health care plan. There will be no break in coverage.

The offer by Physician's Health Plan to the hospital was easy to refuse. Under the PHP proposition, the hospital is paid a single flat rate for each patient covered by PHP. That single flat dollar payment applied whether the patient was hospitalized for 24 hours, or for six months.

It (Saint Cloud Hospital) is a non-profit health care facility whose goal is not to make money, but to provide quality health care to the people of central Minnesota. It refuses care to no one.

— Andy Hilger

The system worked well for most cases, but in the special situations, where hospitalization was extended, it proved devastating. In the last eight months, Saint Cloud Hospital lost almost half-a-million dollars on just 19 cases involving extensive care. In other words, PHP was asking the hospital to accept the risk for high cost extraordinary care.

The hospital's board of directors wisely decided it could not bet its future on an out-of-sync payment system.

We should recognize that Saint Cloud Hospital is a vital community, yes, even regional resource. Its vitality is important to each of us. It is a non-profit health care facility whose goal is not to make money, but to provide quality health care to the people of central Minnesota. It refuses care to no one.

ESWL continued from page 3

Kidney stones are primarily composed of crystallized clumps and other mineral salts which have accumulated in the kidney. Ehlen compared the formation of stones to stirring salt in water. "When the concentration becomes too high the salt begins to crystallize. The same thing happens in the kidney.

"Ninety percent of the time we don't know what causes kidney stones to form but heredity, kidney obstruction, diet, dehydration, infection and inadequate calcium processing can be contributing factors," he said.

Ehlen also stressed "that if a person is in a lot of pain from a stone blocking the ureter (the tube

The hospital is governed by a 13-member board of directors composed of four local business executives, four clergy, and four doctors, plus John

To have accepted the PHP plan would have made economics a driving force in medical decisions and pushed caregivers to scrimp on proper care.

— Andy Hilger

Frobenius, president of the hospital. This board carefully sets policy and oversees the operation of this outstanding medical facility. It acts in the best interests of the central Minnesota community.

The hospital has assured the community that no person will be turned away from its services no matter what insurance coverage they have, while it commits itself to work through the problem with PHP enrollees and employers to find adequate alternate coverage.

To have accepted the PHP plan would have made economics a driving force in medical decisions and pushed caregivers to scrimp on proper care. We commend the board for its decisive and responsible actions. They help insure the tradition of progressive and people oriented health care.

— Andy Hilger

St. Cloud Times editorial PHP departs, but local medical care may gain stability

By the time they get past HMOs, PHP, deductibles, co-payments and third-party payors, most people's eyes begin to glaze, even when they're healthy. These days, medical care is a lot more complicated than simply office calls and prescriptions.

Paying hospital and physician bills is confusing enough, but the choices and responsibilities just got a bit more complex for those in the St. Cloud area who are covered by Physician's Health Plan. PHP will be ending all coverage in the St. Cloud area June 15 because it failed to reach a new contract agreement with Saint Cloud Hospital and St. Cloud Medical Group, its two largest contractors for health service.

Thanks to state law, no PHP enrollees will be denied comparable medical coverage, and a new statute passed by the 1988 Legislature places a cap on the price of alternative policies. Anyone who

now is covered by PHP can be assured that health care coverage, either through employee or individual policies, will continue unbroken.

The situation is far more complex, however, for the parties involved in the failed negotiations and the health care industry as a whole. The talks lasted for most of a year—the final days under the supervision of the state Department of Health—and their unfruitful end says much about the economic struggles now going on in the medical field. In the Twin Cities and other large metropolitan areas, hospitals are slowly strangling from financial asphyxiation. In St. Cloud, the medical community was determined not to do the same.

Local health care providers deal with many private insurers, health maintenance agencies and federal programs such as Medicare and Medicaid. But PHP was a payor with a difference; it was the only HMO operating in St. Cloud that paid a flat rate for each hospital admission, whether a patient stayed overnight in a general-medical bed or 15 days in intensive care.

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Not surprisingly, the result of such a flat-rate contract is a financial loss for the hospital—a discrepancy between payments and average hospital charges per case that reached 23 percent in the first seven months of this fiscal year. A hospital's first duty and mission is to provide medical treatment to those who need it, but no institution can tolerate for long a contract that effectively ensures financial losses.

No alternative payment structure could be settled on, despite the mandate for negotiations under the new state law. Now that the talks have ended without success, PHP enrollees will be forced to find new coverage and, for some, the transition may be difficult or confusing.

In the long run, however, the change may mean financial stability for the local medical community, and that means a strengthening of its ability to provide a diversity of medical care.

the fragments to pass through the urinary tract. We then follow-up with an X-ray to make sure the stones are gone."

Both physicians noted that there are some side effects to this procedure. "Research has shown this can occasionally cause high blood pressure and sometimes new stones form because all the particles didn't pass after the first treatment," Matsuura said. "And on rare occasions the kidneys can hemorrhage," Ehlen added.

"For the most part the long-term results look good. Three months after only one shock wave therapy session over 90 percent of patients prove to be essentially stone free," Ehlen concluded.

— Diane Hageman



Hospital expands into home medical equipment business

The Saint Cloud Hospital (SCH) has ventured into a new area of home medical service.

Central Minnesota Health, a for-profit subsidiary was established in partnership with Central Minnesota Physicians. The new partners then proceeded to purchase Home Medical Equipment of Central Minnesota (HMECM), a company that operates in the sale, rental and distribution of home medical equipment supplies.

HMECM is located at 2850 First Street North, St. Cloud, formerly the Memorial Medical Building. The 4,000 square foot building serves as a showroom/warehouse. "We carry oxygen concentrators, liquid oxygen systems, wheelchairs, walkers, canes, crutches and basically anything someone would need to maintain care in a home situation," said Niels Nielsen, SCH vice president of patient care support services.

Nielsen also serves as chief executive officer of Central Minnesota Health, the SCH subsidiary that owns 47.5 percent of HMECM. Another 47.5 percent is owned by Central Minnesota Physicians in a limited partnership agreement whereby SCH maintains management responsibilities.

"Central Minnesota Health was formed as a for-profit subsidiary of the hospital. Any revenue generated can possibly be used to support hospital programs or other business ventures that we would want to get into," Nielsen said.

The medical equipment company was purchased from Home Medical which is based in St. Louis Park and still owns branches in Willmar and Brainerd.

We carry oxygen concentrators, liquid oxygen systems, wheelchairs, walkers, canes, crutches, and basically anything someone would need to maintain care in a home situation.

— Niels Nielsen

HMECM is the only locally owned home medical equipment company in St. Cloud. "As a locally owned company, we have the knowledge and insight to meet the needs of individuals in our community. Our store outlet allows patients and families the opportunity to come and look at our various items. If they have any questions, we can handle it right there on the spot as opposed to calling down to the Twin Cities," Nielsen said.

"In fall of 1987, we were evaluating our options to get into the home medical equipment business," he continued. "We came to the conclusion that our best option was to purchase an existing business or operation here in St. Cloud."

"Within the next two months, SCH's home care department will be moved to the same building with convenient access to HMECM, but will still be a department of the hospital. There is some interplay that takes place between home care and the equipment supply company and it would be more convenient for the hospital and patients to have home care and HMECM in the same building," Nielsen said.

In the future, Nielsen will consider expanding HMECM to meet other medical supply needs in the surrounding area. "As a hospital, we have to look at other services beyond our inpatient base in order to survive because of the decline of our inpatient base and limitations on reimbursements."

"As we expand our service capability, we are beginning to look at other programs to offer through HMECM. We will consider whatever else is appropriate, such as prescription drugs, prosthetic devices, or contracts with other home care agencies," Nielsen said.

"We have an arrangement with the Rice Memorial Hospital in Willmar where we are assisting them with their negotiation to purchase the home medical company in Willmar," he added. "We hope to firm up some additional relationships with them as they get ready to get their business set up, be it either an arrangement to provide their billing and purchasing, or providing their supply of liquid oxygen if we decide there is enough demand to provide that service."

Douglas County Memorial Hospital in Alexandria has its own home medical equipment company. They are in the process of moving the company to a location outside the hospital. "We've signed an agreement with them where we would provide them with billing, purchasing and liquid oxygen. I'm very optimistic about the future prospects of Home Medical Equipment of Central Minnesota," Nielsen concluded.

— Anna Blonigen

Nursing's clinical laddering program to begin in September

In September, Saint Cloud Hospital (SCH) will be the first hospital in Minnesota to institute clinical laddering for registered nurses.

"The clinical ladder is basically a way to recognize, reward and promote nurses in the clinical setting for their knowledge, performance and experience. It also gives nurses the opportunity to grow professionally," said Jackie Peterschick, manager of same day surgery and outpatient services, and co-chair of the Clinical Laddering Committee.

"In the current system, the only way a nurse can advance professionally is to go into management. As a result, we lose many highly skilled nurses from the clinical setting," Peterschick said.

"A recent employee attitude/morale survey showed that there were a significant number of nurses who felt that they weren't being rewarded for their additional efforts," she continued. "Clinical laddering will give them the ability to choose whether or not they would like to advance. It's a way for nurses to advance other than by a seniority or longevity system. Clinical laddering will also enhance job satisfaction as well as the quality of patient care."

"Clinical laddering is a good system of advancement," said Judy Linderholm, an R.N. on 6 south, and Clinical Laddering Committee member. "Helping to develop this program has given me more insight about where I want my career to go. Clinical laddering also makes me want to take the initiative to explore other aspects of nursing because my efforts will be rewarded both professionally and financially."

Because SCH will be the only hospital in Minnesota to offer clinical laddering, it has excellent potential as a recruitment and retention tool. "This is a good direction for the hospital to go as a health care leader," Linderholm said.

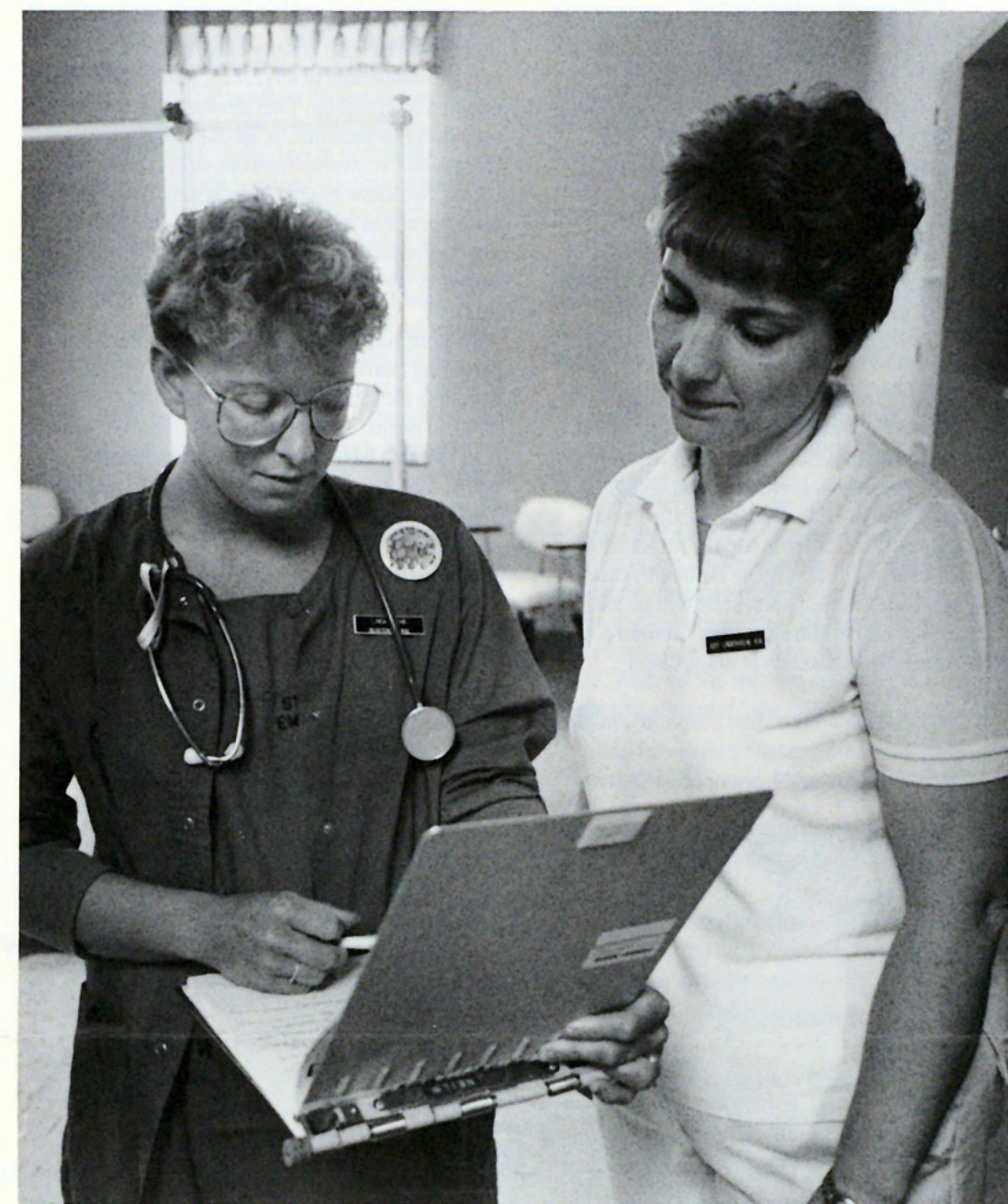
"Nurse recruitment is a competitive field and hospitals need to have something special to attract the nurses' interest. Clinical laddering will do that. Once we have their attention, they will probably take a closer look at the opportunities and rewards of employment at SCH as well as investigate the St. Cloud area," said Ron Maye, employment supervisor.

The clinical ladder planned for SCH will consist of four rungs: Clinical Nurses 1, 2, 3 and 4. Nurses will need to meet specific criteria before advancing to higher levels.

The first level, Clinical Nurse 1, will be primarily nurses who are recent nursing school graduates or have not practiced in an acute care setting for an extended period of time. Level 1 nurses will be required to advance to Level 2 within a specified period of time.

Level 2 nurses will be those who have advanced from Level 1, or already have recent, related nursing experience when hired. They must maintain standards of performance to remain on this level and will be evaluated annually. Nurses in Level 2 may also choose to take a national exam and become certified in a specialized area such as critical care or medical surgical nursing. However, this specialty certification is optional.

"All the statistics have shown that in the majority of hospitals with clinical ladders, most nurses are Level 2, which is what we expect to happen here at SCH. These are the good, competent nurse practitioners," Peterschick said.



Nurses in Levels 3 and 4 will be those who show evidence of increased expertise in their nursing practice and wish to assume additional responsibilities in their specialties. The number of continuing education classes required also increases with each level.

Level 3 nurses will be those who work with increasing independence to set criteria for the quality of patient care. They will also use specialized knowledge and skills when assessing the health needs of patients. Again, specialty certification is optional.

To advance to Level 4, nurses will be required to have a master's degree in nursing or certification in a specialty. They will establish standards and criteria for measuring the quality of patient care; apply research to their clinical practice; and serve as a resource person for clinical problems in their area of specialization. When necessary, Level 4 nurses will also assume leadership roles.

"The first nurses will be slotted into clinical laddering levels in September. Education sessions are planned to help familiarize nurses with the

All registered nurses at SCH, including Linda Saeher, cardiac care and Judy Linderholm, 6 south, will be participating in the clinical laddering program which is scheduled to begin in September. The program will give these people the opportunity to grow professionally and reward them for their knowledge, performance and experience.

new system," Peterschick said. "Everyone will have a set number of peer evaluations before they are placed in a level. A nurse who chooses to advance to Level 3 or 4 will apply to a peer review committee and provide the necessary documentation. The peer review panel will evaluate the information to determine if the nurse meets the criteria for advancement."

— Anna Blonigen

Gifts of Life

Julie is a 24 year-old waitress with two children. Her husband, Tom, was killed in a car accident two years ago. Julie has no health insurance and barely makes it from paycheck to paycheck. If Julie or one of her children needed health care, they could become charity care patients at Saint Cloud Hospital (SCH).

Paul is a seasonal construction worker. Recently, he went back to school to get his GED and is now a non-traditional student at the Vo-Tech School. Paul has no health care insurance. He could become a charity care patient at Saint Cloud Hospital.

Marion has three children and is a student at St. Cloud State University. She is receiving Aid to Families with Dependent Children and this is helping her meet her needs. Right now, she is eligible for Medicaid, but worries about graduating and getting a job because there is usually an interim period before she will be eligible for health care. During that time, Marion knows she will be without health insurance. Marion or her children could become charity care patients at Saint Cloud Hospital.

Do these examples sound like people you might know? There are many reasons people end up as charity or free care patients, above are only a few examples.

During this last year SCH has become increasingly involved with charity care. In 1986, these services amounted to \$477,755; and in 1987 they climbed to \$703,952. This amount does not include uncollectible accounts. A lot of money? Yes. And the amount is increasing more rapidly than ever before. We know charity care is needed in Central Minnesota and we are dedicated to continue to provide quality services to those who cannot pay. However, we need your help to provide those services.

Before you can understand our dedication to providing charity care, you need to have a more complete picture of the charity population and its medical needs. Most Minnesotans receive health care through employer sponsored health care plans. The very poor and the retired are eligible for Medicaid and Medicare benefits. These are not charity care patients.

A charity care patient is defined as a patient without medical coverage and without sufficient income to pay for medical services. About 454,000 Minnesotans do not have the security of health insurance at some time during the year.

Charity care patients are people with low incomes which are too high to qualify for public assistance or who work for employers who do not offer health insurance. Because of their circum-

stances, these persons tend to defer health care until the consequences and costs of their illness is much higher than it may have been if they had sought care earlier. So when a charity care patient finally comes to SCH the costs for treatment are usually higher than the patient average.

Dollars spent for charity patient care has and will probably continue to increase for a variety of reasons: 1) there is no affordable assistance for these persons; 2) most Minnesotans are covered by health insurance, so there is not a large, organized constituency for the needs of the uninsured; 3) many people think adequate welfare medical insurance programs are in place; and 4) as the population continues to grow and the average age rises, so will the numbers of charity patients.

The Gifts of Life Foundation at Saint Cloud Hospital exists to help people in need of charity health care, particularly children, pregnant women and persons leaving the Aid to Dependent Children program.

If you would like to join SCH to help charity care families receive health care, please send your Gifts of Life to: Mary Downs, Gifts of Life Foundation, Public Relations and Development Office, Saint Cloud Hospital, 1406 N. Sixth Avenue, St. Cloud, MN 56303, or phone (612) 255-5652. Thank you.

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Nurse educator . . . continued from page 1

everything so well that I could relax and know I would be well taken care of," she added.

O'Konek was dialyzed three times in the ICU acute dialysis unit. On Monday, April 7 the chronic dialysis unit opened at SCH and O'Konek became their first patient.

"Cathy Sindelir, manager of the dialysis unit, greeted me and made me feel comfortable," O'Konek said. "Everyone was very reassuring and very kind. They answered all my questions completely," O'Konek added.

During dialysis, patients sit in a recliner which is on a scale. This scale measures how much fluid is taken out of the body during the dialysis run. This run can take anywhere from 2½ to 4 hours depending on how much fluid must be removed. There is a television for every two patients to watch and help pass the time. "Invariably, I was with someone who wanted to watch something I didn't care for. I often brought paperwork with me. I got to be a real avid reader," O'Konek laughed.

Once connected to dialysis, a patient is completely dependent upon the nurses. For a person used to doing things for herself, this was hard for O'Konek. However, patients do participate in the preparation for dialysis.

"When you come in you wash your arm in preparation for the dialysis needles, take your temperature, and set the scale for zero. This is an important part of feeling self-sufficient and contributing toward your care. You maintain a certain amount of independence this way," O'Konek said.

After the session, nurses do several checks to be certain the patient is feeling fine and capable of leaving without any problems.

When the unit opened, the original thought was to start with four dialysis stations. But the demand exceeded the expectations. Within six months, two more stations were added to accommodate more patients on a daily basis.

When a person goes on dialysis, their kidneys are essentially non-functioning and will usually never get better. O'Konek could look forward to

Once connected to dialysis, a patient is completely dependent upon the nurses. For a person used to doing things for herself, this was hard for O'Konek.

Physiatrists continued from page 5

ing Moret to St. Cloud has helped ease a situation in which many families would otherwise be forced to travel to the Twin Cities.

"I have an involvement not just with the child," Moret said, "but also with the family and other care givers, with a whole support system that possibly includes people from the education setting as well."

Pediatric rehabilitation is considerably different than adult rehabilitation. Adult patients are likely to be attempting to regain a level of functioning, and have a motivation that comes from their adult knowledge of what they have achieved, and what their doctor or therapist tells them they need to do. This is not true in pediatric rehabilitation, where simple exercises are likely to quickly become boring, and where therapeutic games may need to be developed, with parents overseeing at-home therapy through play.

dialysis three times per week for the rest of her life or she could decide whether she wanted to become a kidney transplant recipient. At an information meeting at the Regional Kidney Dialysis Program (RKDP) in Minneapolis, O'Konek learned exactly what the criteria was to become a transplant recipient. The RKDP works with the kidney transplant registry program in Minneapolis.

It took O'Konek three days to decide she wanted to go through with the transplant program.

"My kids were thirteen and nine years old at the time. They were scared to death they were going to lose me," O'Konek said. "My daughter was so frightened. I promised her that I wouldn't leave her and after I got my new kidney we would go to Disney World. That seemed to satisfy her."

Before the actual kidney transplant O'Konek's spleen, appendix and deteriorated kidneys had to be removed in pre-transplant surgery. This procedure is usually done at the RKDP, but she wanted to stay in St. Cloud, near her children. "I knew I would get quality care at SCH and still be close to home," O'Konek said.

Following this surgery on May 13, O'Konek had to wait six weeks before her name was put on the transplant list. Then, she carried a beeper waiting for the telephone call from RKDP.

At 7 p.m. August 5 O'Konek's wait came to an end. "I was talking on the phone and the beeper went off. I started yelling, 'Oh my God, it's a

kidney for me!" O'Konek said. "My kids were laughing and crying at the same time."

During the next hour, O'Konek finalized arrangements for her children to stay with neighbors, packed and was ready to make the trip that would change her life forever. She traveled to Minneapolis with co-worker, Bea Huser. Throughout the night, she had laboratory tests, blood transfusions and dialysis. At 5:30 a.m. O'Konek went into surgery for the transplant procedure.

It's been 10 months now and O'Konek is back to work in the surgery unit at SCH. As a kidney transplant recipient, O'Konek is freed from the chronic dialysis routine but there are other obligations. She is required to have on-going lab tests, regular check ups with Dr. Leither and at RKDP. She will also take anti-rejection medications for the rest of her life, but O'Konek is not complaining.

"So many people have helped me through this ordeal—my neighbors, my co-workers, my family, my supervisor, all the medical personnel. But most important, because of someone's gift to me, I can lead a normal life again. The donor's family will never know how grateful my family and I are," she said. "And, by the way, we are going to Disney World this summer," she added with a big smile.

— Sandy Cordie



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Beacon Bits

Art exhibit

Each month Saint Cloud Hospital's Auxiliary sponsors an art exhibit which is on display in the hospital's main floor corridor. Exhibiting watercolors for the month of June is Bernice Johnson of St. Cloud. In July, Marian Alstad will be showing watercolors also. Alstad is from Minneapolis. Ron Lahr, Brooklyn Park, will exhibit photography in August. This artwork can be seen and purchased during gift shop hours from 9 a.m. to 8 p.m. weekdays and from noon to 4 p.m. Saturdays and Sundays.

Staff achievements

Many Saint Cloud Hospital staff members are continually striving to advance in their fields and we are proud of their efforts. We honor the following people for their achievements: Jan Beebe and Diane Salzer, registered nurses in the emergency trauma center, recently passed their examinations to become certified emergency nurses; and Dennis Zwilling, Donna Kamps and Juli Sanner, assistant managers in critical care, all passed the American Association of Critical Care Nurses certification exam. Fay Chawla, coordinator of employee health services, had an article on our hospital's AIDS policy as it relates to employees published in the March 1988 issue of Hospital Employee Health magazine.

Volunteers needed for Apple Race '88

Mark your calendars now! The Apple Run and Bike Race is fast approaching and we are looking for volunteers to help with registration, water and food stations, and act as course marshalls and finish line workers. The event will take place on Saturday, September 10 and is sponsored by Health Systems Institute, a division of Saint Cloud Hospital. If you would like to volunteer, call Tom Paul at 251-2700, ext. 4080 or 255-1068 by September 2.

Fandel promoted

Nancy Fandel, M.A., C.C.D.C., was promoted from senior helping hands coordinator to outpatient manager/clinical supervisor for the Alcohol and Chemical Dependency Center. She will supervise outpatient services and coordinate SCH's joint ventures with other hospitals. Fandel will also coordinate the women's program and provide clinical supervision.

Gamblers Anonymous program begins

Saint Cloud Hospital began a new program in April called Gamblers Anonymous Support and Information Group for anyone who has a gambling problem or is concerned about the gambling habits of someone close to them. The group meets Sundays from 7:30 - 9 p.m. and is facilitated by members of Gamblers Anonymous. For more infor-

mation call Saint Cloud Hospital's Alcohol and Chemical Dependency Center at 255-5613.

SCH receives national honors for printed materials

National and state organizations honored some of Saint Cloud Hospital's printed materials in April. The 1986-87 annual report and an advertisement promoting our rehabilitation department received merit awards from the Catholic Hospital Association. Also, an advertisement on our women's outpatient chemical dependency program received the Excellence in Advertising to Women Award from the Minnesota Women's Press. The award is given annually to advertisers in the Minnesota Women's Press whose advertisements recognize women as intelligent and discriminating consumers and reflects the realities of their lives.

Countdown USA



More than 1200 people participated in Countdown USA: The National Blood Pressure and Cholesterol Check on May 4 at Crossroads Shopping Center. Katie Ostmo was one of the many employees and volunteers who made the program a success.

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